

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

2001

472

Lobbyist's Registration Number

FOR OFFICE USE ONLY

Postmark Date: 12-4-00

R
H# 6326
8/10/02
KSD

1001723

Instructions

- Print in ink or type.
- Complete form and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME BRADEN HENRY E., IV
Last First MI

2. BUSINESSPHONE 504-581-2000
Area Code and Phone Number

3. BUSINESS ADDRESS 612 GRAVIER STREET; NEW ORLEANS, LA 70130
Street and No. City State Zip

MAILING ADDRESS SAME AS ABOVE
Street and No. City State Zip

4. EMPLOYER HENRY E. BRADEN, IV APLC

5. EMPLOYER'S ADDRESS SAME AS ABOVE
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name CRESCENT RIVER PORT PILOTS ASSOCIATION

Address 8712 HIGHWAY 23; BELLE CHASSE, LA 70037

Business or purpose RIVER PILOTS ASSOCIATION

Does this person pay you? YES

If No, who pays you? _____

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2. Name BALLY'S BELLE OF ORLEANSAddress #1 STARS AND STRIPES BLVD; N.O. LA 70126Business or purpose CONDUCT OF GAMING OPERATIONSDoes this person pay you? YES

If No, who pays you? _____

3. Name ENTERGY LOUISIANAAddress P.O. BOX 61000; NEW ORLEANS, LA 70161-1000Business or purpose PUBLIC UTILITY COMPANYDoes this person pay you? YES

If No, who pays you? _____

4. Name ISLE OF CAPRI CASINOS, INC.Address 1641 POPPE FERRY ROAD - SUITE B1; BILOXI, MS 39532Business or purpose CONDUCT OF GAMING OPERATIONSDoes this person pay you? YES

If No, who pays you? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act (LSA-R.S. 24:50 et seq.) has been deliberately omitted.

Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE
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XX. 5 Name JAZZ CASINO COMPANYAddress 365 CANAL STREET, SUITE 900; NEW ORLEANS, LA 70130Business or purpose CONDUCT OF GAMING OPERATIONSDoes this person pay you? YES

If No, who pays you? _____

3. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

4. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

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